

**CHILD CARE**  
**HOMECOMING 2024**  
Hampton University

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## Highlights:

**\*\$25 registration fee**

**\*\$15/hr, paid in advance- see paperwork/contract for late pickup fees**

**\*October 23-27, 2024 available hours**

Wed/Thur 7:30am to 10pm

Fri/Sat 7:30a to 11pm

Sun 7:30a to 1pm

**\*Documents needed:**

Birth Certificate
Social Security Card
Immunization Record
Most Recent Physicians Physical
Copy of Drivers Licenses for all authorized to pick up child
All attached documents/registration/contract filled out completely and returned no later than Oct 22, 2024

**\*We DO NOT PROVIDE MEALS.**

*During the day, the children will be required to bring their own room temperature breakfast, lunch, and a snack. We do not provide or prepare food for the children. If caring for the child in the evening, they will also be required to provide dinner and an additional snack. No sodas, cookies, or candies are allowed. If the alumni have questions, have them ask or contact us for further information.*

***Unfortunately at this time, we are unable to provide child care that requires the administration of medicine of any kind to the child.***



HAMPTON UNIVERSITY  
CHILD DEVELOPMENT CENTER

Welcome to the Hampton University Child Development Family! We look forward to working with our alumni's children during the Annual Homecoming Event at Hampton University, Wednesday October 23-Friday October 27, 2024.

As a notice: **Our school is open regularly from 7:30 to 5:25 pm M- F.** Additional children are welcome during this time, **but enrollment for this special event and evening or weekend hours need to be arranged and paid for fully in advance.** We have limited spots available. **For this event, we are offering extended hours of with closing time Wed, Thur of 10PM, Friday and Saturday will be 11pm, and Sunday will be 1pm.**

The alumni may scan and/or email the paperwork to [dawn.irby@hamptonu.edu](mailto:dawn.irby@hamptonu.edu) prior to if needed, and bring the originals in when the child starts. (These must be manually signed; we do not accept electronic signatures. **Please inform the alumni NOT to print out two-sided forms**, this causes issues with the electronic filing system.)

**Please make sure all required forms are completed the business day before the alumni child starts here.**

***Unfortunately at this time, we are unable to provide child care that requires the administration of medicine of any kind to the child.***

The alumni will need to pay the non-refundable \$25 registration fee by check or money order made out to Hampton University Child Development Center to lock in their spot, (they can bring that with the paperwork). **Their child will be able to start here the day after all forms are completed, reviewed, and the registration & tuition is paid.**

Tuition is \$15 an hour. Late fees apply for late pickup during regular day hours M-F, (\$20 for first 15 min after 5:25 pm, \$15 per additional 15 minutes until child is picked up, payable at time of incident, *UNLESS there is an extended evening hours arrangement in place and paid for prior to dropoff.* )

**Final closing time Wed, Thur will be 10PM, Friday and Saturday will be 11pm, and Sunday will be 1pm**

**Fees for late pickup after 10pm are *double* the regular late fees to discourage abuse. (\$40 for first 15 min, \$30 per additional 15 minutes until child is picked up, payable at time of incident.)**

The alumni will also need to provide copies of the birth certificate, social security card for the child, immunization and physicians physical exam record of the child, and copies of driver's licenses for any person who is authorized to pick up your child. They may take pictures of those documents and email them back to [dawn.irby@hamptonu.edu](mailto:dawn.irby@hamptonu.edu).

**During the day, the children will be required to bring their own room temperature breakfast, lunch, and a snack. We do not provide or prepare food for the children. If extended hours are in play, they may also be required to provide dinner and an additional snack. No sodas, cookies, or candies are allowed. If the alumni have questions, have them ask or contact us for further information.**

If you have questions or need further information, please give me a call or email, we here to make this process easy and successful!



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ANTICIPATED DATE OF ENROLLMENT

REGISTRATION CONFIRMATION NUMBER

## Hampton University Child Development Center Registration Application

*Hampton VA 23668*

Child	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and another School/Program, Give Name of School/Program			Grade

### PARENT(S)/GUARDIAN(S)

<b>Mother/Guardian</b>		Place Employed & Job Title		SSN
Home Phone	Cell Phone	Work Phone	Email	
Home Address, City, State, Zip				
<b>Father/Guardian</b>		Place Employed & Job Title		SSN
Home Phone	Cell Phone	Work Phone	Email	
Home Address, City, State, Zip				
<b>Person(s) or Agency having Legal Custody of Child</b>				
Home Address				Home Phone
Business Address				Business Phone
Email				Cell Phone

### EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency		
Child's Physician		Phone
<b>Two People to Contact if Parent Cannot Be Reached</b>	Full Address, including Street, City State, Zip	Phone
1.	1.	1.
2.	2.	2.
<b>Person(s) Authorized to Pick Up Child</b>		
<b>Person(s) NOT Authorized to Pick up Child *</b>		

\*Appropriate Paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

\*Note: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the non-Custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or daycare activities.

## AGREEMENTS

1. The Hampton University Child Development Center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so, requested by the Center.
2. The parent(s)/guardian(s) authorize the Hampton University Child Development Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
3. The parent(s)/guardian(s) agree to inform the Hampton University Child Development Center within 24 hours or the next business day after his or her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

## SIGNATURES

Parent(s) or Guardian(s)	Date
Administrator of Center	Date

Date Child Entered Care	Date Child Left Care
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\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and reason for the objection

## OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation Viewed	Person Viewing Documentation	
Date of Notification of Local Law Enforcement Agency (when required proof of identity is not provided)			

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placing agency, (foster care and adoption agencies), record from a public school in VA, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child’s birth record was previously presented or a copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child’s proof of identity is not necessary when the child attends a public school in VA and the center assumes responsibility for the child directly from the school (i.e., after school program). While programs are not required to keep proof of the child’s identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the center shall be destroyed upon the conclusion of the requisite period of retention. The procedures for disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

*Hampton University Child Development Center*  
*School of Liberal Arts and Education*  
**ENROLLMENT AGREEMENT AND STIPULATIONS**  
**2024**  
**PARENTAL AGREEMENT for special event child care**

As the parent(s)/legal guardian(s) of \_\_\_\_\_, I/We agree to the following conditions, rules and regulations while my/our child attends the Hampton University Child Development Center. Please initial on each short line after reading each item.

1. I/We agree to pay the following fees: (initial) 1. \_\_\_\_\_

Fee	Cost	Note
Per Hour	\$15	
Returned Draft Fee	\$25.00	
Late Pickup Fee – <i>no exceptions</i>	<i>As computed- payable at time of incident cash only</i>	<p><b>Before 5:25 PM:</b>            \$20.00 for the first 15 minutes.            \$15.00 per additional 15 minutes until the child is picked up.</p> <p><b>Extended Hours contracted 10PM or 11PM:</b>            Fees for late pickup after 10pm are <i>double</i> the regular late fees to discourage abuse.            \$40 for first 15 min, \$30 per additional 15 minutes until child is picked up, payable at time of incident.</p>

2. Parents of the above-named child agree to enroll their child at the rate of **\$15** per hour for child care services. Parents of the above-named child agree to be liable for the full tuition for said child. Therefore, parents must ensure the Hampton University Child Development Center has a current and confirmed address of residence, phone number and other (emergency and non-emergency) contact information. (initial) 2. \_\_\_\_\_

4. I/We understand that our child must be fully potty trained to attend the Hampton University Child Development Center. This includes not using pullups at any time of day or night. (initial) 4. \_\_\_\_\_

5. I/We agree that upon enrollment, my/our child is given a complete physical examination by a licensed physician and is properly immunized as required by the State Department of Health and Social Services. I/We understand that proof of documentation is to be given to the school upon registration. In addition, I/We also understand that proof of birth date documentation is to be given to the school upon registration. (initial) 5. \_\_\_\_\_

6. I/We understand that Late fees are charged and due on pickup if late picking up child. These must be paid in cash to the HUCDC staff & are not considered a tuition payment. (initial) 6. \_\_\_\_\_

7. I/We agree to bring my child into the school building, sign them in, see that she/he is under supervision, and has passed daily screening before leaving the premises, and to notify the school when picking up my/our child before 3pm. I/We will make sure the teacher on duty knows any changes or issues about my child at dropoff. (initial) 7. \_\_\_\_\_

8. I/We understand that in the event of inclement weather, we need to tune in to the local television and radio stations for information on school closings and delays. We also understand there may be times I/we need to unexpectedly pick up our child from school due to inclement weather or other emergency facility issues. If notified of same, we are expected to pick the child up from school within 1 hour of notification of same. **(initial) 8.** \_\_\_\_\_

9. In the event of illness, signs of a cold, or other infectious disease, I/we will not bring my/our child to school. We further agree that if my/our child becomes sick at school, she/he will be picked up within one hour of notification. I/we understand that we must report any exposure to communicable diseases or the occurrence of those diseases in the family. The report to the Hampton University Child Development Center of obvious symptoms of infection should be made immediately at the school's next opening. The child should NOT be brought to school until Director notification and approval in those situations. **(initial) 9.** \_\_\_\_\_

11. In the event of an emergency, the school has my permission to administer first aid or to obtain medical treatment in my/our child's best interest. I permit the Hampton University Child Development Center staff to authorize medical, dental, and hospital care and treatment, including examination, diagnostic tests, and medications. This includes anesthetics, the performance of surgery and any and all other medical and dental treatment deemed necessary by duly licensed medical personnel for the health and well-being of my child when the staff is unable to reach me, or any person listed on my child's emergency form. I understand it is my responsibility to keep school authorities informed about whom to contact if my child becomes ill or injured at school. I understand that if I (parent or legal guardian) cannot be reached in an acute emergency, my child will be taken to the emergency room of the nearest hospital. **(Signature) 11.** \_\_\_\_\_  
*Date*

12. I/We understand that if my/our child has a biting or hitting incidents, she/he will be removed from the school. **(initial) 12.** \_\_\_\_\_

13. I/We understand that the Hampton University Child Development Center has permission to call me/us if the child has disruptive or uncontrollable temper tantrums. I/We understand that we may be asked to take my/our child home for the day. **(initial) 13.** \_\_\_\_\_

14. I/We understand that ANY parental, (or parental representative), misconduct, disruption, and/or uncontrolled behavior in the Hampton University Child Development Center is grounds for immediate and permanent termination of my child's enrollment. This includes physical altercations, shouting, cursing, or slander on the premises, and/or failure to properly advise the Center of fundamental changes in my child's care needs. This is based solely on Director discretion. **(initial) 14.** \_\_\_\_\_

15. I/We certify that I/we have read, understand, and agree to all the regulations of the Hampton University Child Development Center concerning the operations, behaviors, procedures, tuition, and fees. I/We understand that deliberate misrepresentation may cause immediate dismissal of my/our child from the Hampton University Child Development Center. **(initial) 15.** \_\_\_\_\_

**Parent(s)' or Guardian(s)' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**Director or Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Hampton University Child Development Center**  
**EMERGENCY INFORMATION FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_ M \_\_\_ F \_\_\_ Race \_\_\_ Child's Age: \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Emergency Phone Number(s) \_\_\_\_\_

Father's Emergency Phone Number(s) \_\_\_\_\_

List in priority order the people, other than yourself, you want us to contact in case of an emergency.

**YOU MUST HAVE AT LEAST TWO, WITH FULL ADDRESS and PHONE.**

NAME	ADDRESS (street, city state zip)	Phone	RELATIONSHIP

1. The Hampton University Child Development Center will notify the above-named persons in the event of an illness or emergency. The persons listed above agree to pick up your child as soon as possible, preferably within 1 hour after notification in the event of an emergency situation.  
**(INITIALS \_\_\_\_\_)**
2. The parent/guardian authorizes the Hampton University Child Development Center to obtain immediate medical care if any emergency occurs, and none of the emergency contacts can be reached.  
**(INITIALS \_\_\_\_\_)**
3. If an emergency should occur, the parent/guardian requests/authorizes the Hampton University Child Development Center to contact \_\_\_\_\_, my child's physician. The physician's telephone number \_\_\_\_\_  
**(INITIALS \_\_\_\_\_)**
4. If an emergency should occur, the parent/guardian requests/authorizes the Hampton University Child Development Center to have emergency room doctors examine and treat my/our child for such emergencies as need may arise. Exceptions to treatments, if any are:  
 \_\_\_\_\_  
**(INITIALS \_\_\_\_\_)**

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insured Name \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Chronic Illnesses \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hampton Child Development Center  
Yearly School Health Form**

*This form is to be completed by the parent or guardian of each child at the beginning of each school year and returned to the school.*

**Health Information**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Contact \_\_\_\_\_

Who is your child's doctor/clinic? \_\_\_\_\_

Who is your child's dentist/clinic? \_\_\_\_\_

Is the child under treatment or taking medication on a continuing basis? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please specify medicine or treatment \_\_\_\_\_

Please list any **Doctor diagnosed** ALLERGIES (medicine, food, insect bites, etc.) that your child may have. If your child has none, please write NONE. **IF YES, it is required that you immediately produce a doctor's action plan with needed medication in case of a reaction at school.** \_\_\_\_\_

Please list any food sensitivities, (not allergies) your child may have \_\_\_\_\_

Has your child had any immunizations in the past year? \_\_\_\_\_ yes \_\_\_\_\_ no

Is the child covered by the parent's or guardian's health insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

Company and Policy Number \_\_\_\_\_

Does student come under parent or guardian's military benefits? \_\_\_\_\_ yes \_\_\_\_\_ no

Parent's/Guardian's ID Number \_\_\_\_\_

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(date)